

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1020 Princess Street		Amount 825.54	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001
Purpose of Expenditure Media production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 5926704.25		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1020 Princess Street		Amount 963.13	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 002
Purpose of Expenditure Media production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 13011664.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1788.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
11 / 11 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA		FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015
Mailing Address 1020 Princess Street		Amount 963.13
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 4808272.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015
Mailing Address 1020 Princess Street		Amount 550.36
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015
Name of Federal Candidate Jeb Bush		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 145246.36		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1513.49
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R. Spies

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Revolution Agency			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015		
Mailing Address 1020 Princess Street			Amount 55.04		
City Alexandria	State VA	Zip Code 22314	Transaction ID : 005		
Purpose of Expenditure Media production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015		
Name of Federal Candidate Jeb Bush			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 13355.04			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Revolution Agency			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015		
Mailing Address 1020 Princess Street			Amount 55.04		
City Alexandria	State VA	Zip Code 22314	Transaction ID : 006		
Purpose of Expenditure Media production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015		
Name of Federal Candidate Jeb Bush			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 10055.04			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.08
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
11 / 11 / 2015

Signature

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
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Check if ☐ 24-hour report
 ☒ 48-hour report
 ☒ New report
 ☐ Amends report filed on

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Full Name of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015	
Mailing Address 1020 Princess Street		Amount 55.04	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 007
Purpose of Expenditure Media production	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2015
Name of Federal Candidate Jeb Bush	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: WI
Calendar Year-To-Date Per Election for Office Sought	10055.04	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount \$ _____	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	_____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	3467.28

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature